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National Personnel Records Center  
(Military Personnel Records)  
9700 Page Boulevard  
St. Louis, MO 63132

**Military Information Release**

I, \_\_\_\_\_, authorize the National Personnel Records Center, in St. Louis, MO, or other custodian of my military record to release to the New York City Department of Correction, information or hardcopies from my military personnel and related medical records, or any information outlined below on the left hand corner.

This could include the hard copy of my DD form 214, Report of Separation.

_____		_____	
Name		Social Security No.	
_____		_____	
Date of Birth	Branch	Dates of Service Time	

**Requested:**

- DD-214
- MEDICAL RECORDS
- DISCIPLINARY RECORDS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

Thank you for your assistance and cooperation.

Sincerely,

\_\_\_\_\_  
INVESTIGATOR